



# Colorado Emergency Medical Services Provider Application Instruction Guide

*Your application is a matter of public record  
There is no fee associated with initial or renewal certification*



**Current Colorado certification is required to practice as an EMS Provider in Colorado**  
**NREMT certification does not constitute Colorado certification**  
**Colorado does not recognize EMS Provider certification from other states**

## General Information

Applications are processed in the order received. We ask that you allow 3-4 weeks for the processing of your application. You may check your certification status at any time through the online verification link on the home page of our website ([www.coems.info](http://www.coems.info).) Certificates are valid for three (3) years following the date of issuance. **You may not practice as an EMS Provider in the State of Colorado once your certification has expired.**

Incomplete applications are held for a period of one year from the date received, after which they will be destroyed. Failure to submit a properly-coded fingerprint card to the Colorado Bureau of Investigation (CBI) constitutes an incomplete application.

You may submit your renewal application up to six months prior to your certification expiration date and still keep your original expiration date. Application packets may be mailed or delivered to:

CDPHE - EMT Certification  
HFEMSD-A2  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530

Any person whose Colorado EMS Provider certificate is more than six (6) months expired is not eligible to renew through the continuing education/skills competency option. Applications received more than six months after your certification expiration date will require current National Registry of Emergency Medical Technicians (NREMT) certification.

General Requirements for Colorado EMS Provider Certification	
<b>ALL APPLICANTS must:</b>	<b>1) be 18 years of age</b> <b>2) submit evidence of lawful presence in the U.S.</b> (page 3 and 4 of application) <b>3) submit a complete application with required supplemental documents</b>
First-Time (Initial) Applicants must also:	1) provide proof of current NREMT certification (Information on NREMT can be found at <a href="http://www.nremt.org">www.nremt.org</a> or by calling 614-888-4484) 2) submit to a fingerprint-based criminal history record check
Renewing Applicants must also:	1) provide proof of current NREMT certification OR verification that continuing education and skills competency requirements have been met 2) re-submit to a fingerprint-based criminal history record check if you have lived out of state any time during the past 3 years
Applicants Upgrading to a Higher Level must also:	1) provide proof of current NREMT certification at the higher level 2) re-submit to a fingerprint-based criminal history record check if you have lived out of state since your last certification
Applicants downgrading to a lower level should:	include a signed and dated note indicating your understanding that current NREMT certification will be required if you decide to be certified at a higher level in the future

## Provisional Certification Option

The Provisional Certification option allows for a 90-day practice period while awaiting the results of your fingerprint-based criminal history record check. If you have been provisionally certified, and we have not received your fingerprint results within the 90 day period, you **MAY NOT RENEW** your provisional certification, nor may you practice until an initial or renewal certificate has been issued by the Department of Public Health and Environment (the Department).

You <b>DO NOT QUALIFY</b> for Provisional Certification if:	<ol style="list-style-type: none"> <li>1) you have not yet submitted your fingerprints to the CBI</li> <li>2) the results of your fingerprint-based criminal history record check have already been received by the Department</li> <li>3) you are renewing your certification and have not lived out of state any time during the last 3 years</li> </ol>
If you qualify and are applying for Provisional Certification, you must provide the following <b>in addition</b> to the standard application and supplemental documents:	<ol style="list-style-type: none"> <li>1) A certified check, cashier's check or money order in the amount of \$23 made payable to the "State of Colorado" (NOTE: cash, credit cards and personal checks are not accepted)</li> <li>2) A name-based criminal history report (see below) from every state you have lived in during the past 3 years</li> </ol>
Name-based criminal history reports must:	<ol style="list-style-type: none"> <li>1) be submitted for every state you have lived in during the past 3 years</li> <li>2) include one from the CBI if you have listed a Colorado address on your application (<a href="http://www.cbirecordscheck.com">www.cbirecordscheck.com</a>)</li> <li>3) include the date of the report, which may not be more than 90 days prior to the receipt of your completed application</li> <li>4) show your full name including any aliases AND your date of birth or social security number AND full disclosure of any and all criminal activity including misdemeanors, felonies and sex offender registration</li> </ol>
Additional information on obtaining your state-specific name-based criminal history reports:	<p>State Contact List</p> <p><a href="http://www.cdphe.state.co.us/em/CertificationEducation/certification/StateBackgroundRecordList.pdf">http://www.cdphe.state.co.us/em/CertificationEducation/certification/StateBackgroundRecordList.pdf</a></p>

## Proof of Identification/Lawful Presence

Identification is used to establish lawful presence in the United States. Although you are required to sign a statement attesting to your lawful presence (page 3 of the application), we also require verification through an acceptable form of identification.

**A PHOTOCOPY OF YOUR IDENTIFICATION is required for ALL APPLICANTS**

**FOR MAIL-IN APPLICATIONS:** Notarization of the photocopy is required – use page 4 of the application

**FOR WALK-IN APPLICATIONS:** Bring photocopy AND original identification document with you

Acceptable forms of identification:	<ul style="list-style-type: none"><li>• Un-expired Colorado Driver's License or Official Colorado Identification Card</li><li>• Un-expired Driver's License from any state or territory NOT listed below</li><li>• Certified Copy of a Birth Certificate from any state</li><li>• US Passport (except for "limited" passports), issued for less than 5 years</li><li>• United States Military or Military Dependent Identification Card</li><li>• United States Coast Guard Merchant Mariner Card</li><li>• Native American Tribal Document</li></ul>			
The following Driver's Licenses are not acceptable as Proof of Lawful Presence:	<table><tr><td><ul style="list-style-type: none"><li>• Illinois</li><li>• New Mexico</li><li>• Utah</li></ul></td><td><ul style="list-style-type: none"><li>• Washington</li><li>• American Samoa</li><li>• Guam</li></ul></td><td><ul style="list-style-type: none"><li>• Northern Marianas</li><li>• Puerto Rico</li><li>• Virgin Islands</li></ul></td></tr></table>	<ul style="list-style-type: none"><li>• Illinois</li><li>• New Mexico</li><li>• Utah</li></ul>	<ul style="list-style-type: none"><li>• Washington</li><li>• American Samoa</li><li>• Guam</li></ul>	<ul style="list-style-type: none"><li>• Northern Marianas</li><li>• Puerto Rico</li><li>• Virgin Islands</li></ul>
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Additional Information on Proof of Lawful Presence:	Colorado Department of Revenue <a href="http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1216289012440">http://www.colorado.gov/cs/Satellite/Revenue-Main/XRM/1216289012440</a>			

## Proof of CPR/ACLS Course Completion

All applicants must provide evidence of current and valid **professional level** Basic Cardiac Life Support (CPR) course completion from an **approved** national or local organization. EMT-I and Paramedic applicants must also provide evidence of current and valid Advanced Cardiac Life Support (ACLS) course completion from an approved national or local organization.

Directions: 1) **ATTACH a photocopy** of the **front and back** of your CPR card (and ACLS card if applicable) to your application.  
2 ) A dated letter or course completion certificate with signature of your course director may be substituted for front and back of the CPR/ACLS card(s) -- the letter must state the provider and course name AND be signed by the instructor

### Basic Life Support (BLS) or Cardiopulmonary Resuscitation (CPR)

Organization	Acceptable Courses
American Heart Association (AHA)	Healthcare Provider BLS Instructor BLS Training Center Faculty
American Red Cross (ARC)	CPR/AED for the Professional Rescuer
American Safety & Health Institute (ASHI)	BLS for Healthcare Providers and First Responders CPR Pro for Healthcare Providers and First Responders CPR Pro for the Professional Rescuer BLS Instructor
American Academy of Orthopedic Surgeons (AAOS) American College of Emergency Physicians (ACEP)	Professional Rescuer CPR Instructor
EMS Safety Services (effective 4/5/2011)	CPR & AED for Professional Rescuers CPR & AED for Professional Rescuers - Instructor
National Safety Council	BLS Healthcare and Professional Rescuer Instructor - PR designation
Military Training Network (MTN)	Healthcare Provider Healthcare Provider-Instructor BLS Instructor BLS Training Site Faculty
ProTrainings, LLC (effective 12/10/11)	ProCPR (Skills Evaluation required) ProCPR Instructor ProFirstAid Advanced (Skills Evaluation required) ProFirstAid Advanced Instructor

### Advanced Cardiac Life Support (ACLS)

Organization	Acceptable Courses
American Heart Association (AHA)	ACLS Provider ACLS Instructor ACLS Experienced Provider ACLS EP Instructor ACLS Regional Faculty
American College of Emergency Physicians (ACEP)	eACLS Provider (* renewal only) eACLS Instructor (* renewal only)
American Safety and Health Institute (ASHI)	ASHI ACLS ACLS Instructor
Military Training Network (MTN)	ACLS Provider ACLS Instructor ACLS Training Site Faculty

Additional Information: Examples of acceptable CPR and ACLS cards  
<http://www.cdphe.state.co.us/em/CertificationEducation/Education/ApprovedCPR.pdf>

## Criminal History Record Checks

A fingerprint-based criminal history record check is **required for all first time applicants** for EMS Provider certification in the State of Colorado. **Renewing applicants** are **only required** to be re-fingerprinted if they have lived out of state any time during the last 3 years.

Directions:	1) Fingerprints must be taken by a law enforcement agency on an official blue-lined fingerprint card (For information on live scans, contact the CBI directly at 303-239-4208) 2) Circle "FBI" in box 24 of the fingerprint card if you have lived out of state any time during the past 3 years 3) Mail or deliver your completed fingerprint card with payment to: <div style="text-align: center;"><b>Colorado Bureau of Investigation</b>  <b>690 Kipling Street, Suite 318</b>  <b>Denver, CO 80215</b></div>	
Tips:	1) Take these instructions with you when you get fingerprinted, as proper coding of the fingerprint card (specifically boxes 5 and 11, as shown on the following page) is vital for successful processing 2) Early submission of fingerprint cards to CBI is strongly encouraged, as processing may take 4 to 6 weeks 3) DO NOT send your fingerprint cards and payment to the Department, as this will delay the processing of your application 4) CBI accepts certified checks, cashier's checks, money orders or preprinted business checks. Visa/MasterCard or cash are accepted for hand delivered requests only. 5) RESULTS of your fingerprinting will come directly to the Department – please wait at least four weeks before calling to see if we have received the results 6) CBI processes fingerprint cards; they DO NOT take fingerprints 7) Do not fold or staple cards and please type or print legibly	
Fees:	CBI Only: <b>\$17.50</b>	CBI with FBI (if you've lived out of state any time during the past 3 years): <b>\$39.50</b>
Additional Information:	CBI website <a href="http://www.cbi.state.co.us/id/index.html">http://www.cbi.state.co.us/id/index.html</a> or 303-239-4208	

### ***The following tips may expedite the processing of your application:***

①	<i>The Colorado EMS Provider certification application must be <b>complete, legible, signed and dated</b> before it can be processed</i>
②	<i>Submit your original application – photocopies will not be accepted</i>
③	<i><b>Include</b> copies of your <b>proof of identification</b> and <b>CPR card</b> (and <b>ACLS card</b> if applicable) with your application packet</i>
④	<i><b>Do not include payment</b> (unless you qualify for and are applying for provisional certification)</i>
⑤	<i>If using the continuing education/skills competency option to renew your certification, you do not need to include transcripts or records with your application</i>
⑥	<i>If renewing, include your expiration date in box 3b on page 1</i>

## FINGERPRINT CARD FIELD EXPLANATIONS

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
				LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME					
				7				24	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		ORI <u>9</u>					
1		8						DATE OF BIRTH <u>DOB</u>	
RESIDENCE OF PERSON FINGERPRINTED								Month Day Year	
2								23	
DATE		CITIZENSHIP <u>CTZ</u>		SEX <u>16</u> RACE <u>17</u> HGT. <u>18</u> WGT. <u>19</u> EYES <u>20</u> HAIR <u>21</u>				PLACE OF BIRTH <u>POB</u>	
3 A		10						22	
3 B		YOUR NO. <u>OCA</u>							
EMPLOYER AND ADDRESS		11 <u>CONCJ3150</u>							
4		FBI NO. <u>FBI</u>							
Colorado Dept of Public Health		12							
4300 Cherry Creek Drive South		ARMED FORCES NO. <u>MNU</u>							
Denver, CO 80246		13							
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>							
5		14							
CRS 25-3.5-203 EMT Certification		MISCELLANEOUS NO. <u>MNU</u>							
6		15							

1	SIGNATURE	Signature of person being fingerprinted
2	RESIDENCE	Complete mailing address of person fingerprinted: city, state and zip code
3A	DATE	Date fingerprints taken
3B	SIGNATURE OF LEO	Signature of Law Enforcement Official taking fingerprints
4	EMPLOYER	<b>Colorado Dept of Public Health 4300 Cherry Creek Drive South Denver, CO 80246</b>
5	REASON FINGERPRINTED	Print: <b>CRS 25-3.5-203 EMT Certification</b>
6	FINGERPRINTS	All applicant prints must be taken by a law enforcement agency
7	NAME	Last, First, Middle Name
8	AKA	Maiden name, other married name or any other name used
9	ORI	To be filled in by Law Enforcement Official
10	CITIZENSHIP	U.S. OR Alien Registration number (if applicable)
11	OCA	Print CBI account number: <b>CONCJ3150</b>
12	FBI	Leave this field blank
13	ARMED FORCES	Leave this field blank
14	SOC	Social Security Number
15	MISCELLANEOUS	Leave this field blank
16	SEX CODES	M (Male) or F (female)
17	RACE CODES	W (White or Hispanic), B (Black), A (Asian), I (Indian)
18	HEIGHT	Feet and Inches (5'6"=506, 6'=600)
19	WEIGHT	090, 100, 250, etc. (pounds)
20	EYE CODES	BLK-Black, BLU-Blue, BRO-Brown, GRN-Green, GRY-Gray, HAZ-Hazel
21	HAIR CODES	BAL-Bald, BLK-Black, BLN-Blonde, BRO-Brown, GRY-Gray, RED-Red/Auburn, WHI-White
22	POB	Place of Birth (State 2-letter code only) or Country
23	DOB	Date of Birth (MM DD YYYY format)
24	FBI	Circle "FBI" if requesting an additional FBI check (\$39.50 payment required)